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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004528 (5)**

1. Corporation Name

**NEGRO AIRMEN INTERNATIONAL FLYING CORPORATION OF
SOUTH FLORIDA CHAPTER, INC.**



Principal Place of Business 23 BENNETT ROAD OPA LOCK AIRPORT OPA LOCKA FL 33054 US	Mailing Address 23 BENNETT ROAD OPA LOCK AIRPORT OPA LOCKA FL 33054 US
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3. Date Incorporated or Qualified **09/20/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number **65-0536324** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent FLOWERS, CHARLES J 1000 NW NORTH RIVER DRIVE MIAMI FL 33136	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RAFI, AHMAD
STREET ADDRESS	1807 NW 111 STREET
CITY-ST-ZIP	MIAMI FL 33167
TITLE	D <input type="checkbox"/> DELETE
NAME	WHITE, THERESA
STREET ADDRESS	915 NW 1 AVE
CITY-ST-ZIP	MIAMI FL 33136
TITLE	D <input type="checkbox"/> DELETE
NAME	SHANNON, FRENCH
STREET ADDRESS	2340 NW 72 AVE #208
CITY-ST-ZIP	SUNRISE FL 33313
TITLE	D <input type="checkbox"/> DELETE
NAME	RENE, HODELIN
STREET ADDRESS	2800 DEVONWOOD AVE
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	D <input type="checkbox"/> DELETE
NAME	SINGLETARY, CARL
STREET ADDRESS	811 NW 86 AVE AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33024
TITLE	D <input type="checkbox"/> DELETE
NAME	FLOWERS, CHARLES J
STREET ADDRESS	1000 N.W. NO. RIVER DR #108
CITY-ST-ZIP	MIAMI FL 33136

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARTHEMON JOHNSON
1.3 STREET ADDRESS	2412 N.W. 108th Street
1.4 CITY-ST-ZIP	MIAMI, FL 33167
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **CHARLES J. FLOWERS** 04/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076182

CR2E037 (9/96)